2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005
Secretary of State

DOCUMENT# P02000085139

Entity Name: FAMILY OPEN MRI, INCORPORATED

Current Principal Place of Business:

1931 W. M.L. KING BLVD.
SUITE F
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

1931 W. M.L. KING BLVD.
SUITE F
TAMPA, FL 33607

New Mailing Address:

FEI Number: 14-1842040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLASER, ROBERT
607 W. MLK BLVD
SUITE 103
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

KALISH, WILLIAM
100 S ASHLEY DR
STE 1500
TAMPA, FL 33602 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM KALISH 03/31/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PVST ( ) Delete
Name:	GLASER, ROBERT
Address:	607 W MLK BLVD. SUITE 103
City-St-Zip:	TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D (X) Change ( ) Addition
Name:	LIEDKE, ROBERT
Address:	1931 W. MLK BLVD, SUITE F
City-St-Zip:	TAMPA, FL 33603

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT GLASER D 03/31/2005
Electronic Signature of Signing Officer or Director Date